

08-18-60

PTO/SB/05 (2/98)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		PC10534AAD0	PC10534AADO	
First Named	l Inventor or Ap	plication Identifier	Michael P. DeNinno, et al	s. 053
Title Compounds for the Treatment of			f Ischemia	>56
Express Mail Label No.		EL633948	3350US	2

TRANSMITTAL			T =: 0000 400 5011C	00
only for new nonprovisional applications under 37C.F.R. §1.53(b))	Express Mai	il Label No.	EL633948350US	<del></del>
APPLICATION ELEMENTS		ADDRESS TO	Pox Patent /	ommissioner for Patents
ee MPEP chapter 600 concerning utility patent application co	ntents.	<del></del>	Washington	
*Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)  Specification [Total Pages]		7 Nucleotide an	che Computer Progran d/or Amino Acid Sequ <i>all necessary)</i>	1
(preferred arrangement set forth below)  Descriptive title of the Invention  Cross References to Related Application  Statement Regarding Fed sponsored Ference in Microfiche Appendix  Background of the Invention  Brief Summary of the Invention  Brief Description of the Drawings (if file	R&D	a. b. c. ACCOI	Computer Readable Paper Copy (identica	al to computer copy) dentity of above copies CATION PARTS
- Detailed Description - Claim(s) - Abstract of the Disclosure  3. Drawing(s) (35 U.S.C. 11.3)[Total sheets	1	(when	there is an assignee) h Translation Docume ation Disclosure nent (IDS)/PTO-1449	
4. Oath or Declaration [Total pages]  a. Newly executed (original or copy)	3 l	12. Prelim	ninary Amendment  Receipt Postcard (Mild be specifically item	IPEP 503)
b. Copy from a prior application (37 §1.63(d)) (for continuation/divisional with Box 1 [Note Box 5 below	CFR 7 completed)	14.  *Smal Stater (PTO)	Il Entity State ment(s) State //SB/09-12)	ement filed in prior application, is still proper and desired
i. DELETION OF INVEN  Signed statement attached delet inventor(s) named in the prior ap see 37 C.F.R. §§1.63(d)(2) and  5. Incorporation By Reference (useable if Bo copy of the oath or declaration is supplied under considered to be part of the disclosure of the a	ting oplication, 1.33(b).  ox 4b is checked) om which a or Box 4b, is ccompanying	(if for	ied Copy of Priority Do eign priority is claimed r: Priority Claim	ocument(s)
application and is hereby incorporated by refere	ence therein.	FEES, A SMALL ENTI IF ONE FILED IN A PR	RIOR APPLICATION IS RELI	TITLED TO PAY SMALL ENTITY RED (37 C.F.R. § 1.27), EXCEPT IED UPON (37 C.F.R. § 1.28). reliminary amendment:
17. If a CONTINUING APPLICATION, check appr	opriate box, and	supply the requisite into	of prior application	n No:/
Continuation Divisional  Prior application information: Examine	<del></del>	on-in-part (CIP)	Group/Art	
Frior application information		SPONDENCE AD	DRESS	
18.		tach bar code label he		
Customer Number or Bar Code Label	stomer No. or At		or Corres	pondence address below
Name Gregg C. Benson				
Address Pfizer Inc.	_			
THE THE ACCUSE CONTRACTOR	n Point Road			
City Groton	State	СТ	Zip Code	
Gity	elephone	1-(860)-441-4		1-(860)-441-5221
NAME (Print/type) A. Dean Olson		Registration No.	· 1	31,185
Signature /			Date	8/6/2007

PTO/SB/17(2/98)
Approved for use through 09/30/2000.
OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL				Complete if Known								
				Application Number				To Be Assigned				
					Filing Date				Herewith .			
Patent fees are subject to annual revision on October 1. These are the fees effective January. 2000.				First Named Inventor				Michael P. DeNinno, et al				
Small Entity payments <u>must</u> be supported by a small entity statement,			Examine	Examiner Name			To Be Assigned					
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.			Croup/A	0 (0 4 1 1 2 2			To Be Assigned					
000 07 0.7 11. 33 1.27 dilla 1.20.					Group/Art Unit To Be Assigned Attorney Docket No. PC10534AADO							
100017411001101110111					71101110	Book		FEE CAL	LCULATION (continued)			
METHOD OF PAYMENT (check one)  1. The commissioner is hereby authorized to charge				3. ADDITI	ONAL	FEES						
indicated fees and credit any over payments to:				Large E			Entity					
Deposit Account Number	posit punt 16-1445		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	F	ee Paid			
Deposit					105	130	205	65	Surcharge – late fee or oa	ath		
Account Name	Pfizer	Inc.			105	130	200	03	Curcillarge late 100 of oc			
Charg	ne Anv Ac	iditiona		Charge the Issue Fee Set in	127	50	. 227	25	Surcharge-late provisiona cover sheet	al filing fee or		
37 Fe	e Require	ed Und	er	37 C.F.R. § 1.1.8 at the Mailing	139	130	30 139 130		Non-English specification			
C.F.R	R. §§ 1.1.6	and 1	.17.	of the Notice of Allowance.	147	2,520	147	2,520	For filing a request for ree			
2. 🔲	Payme	nt Encl	loeod:		112	920*	112	920*	Requesting publication of	SIR prior to		
	Check			Order Other	113	1,840	113	1,840*	Examiner action Requesting publication of Examiner action	SIR after		
			FEE C	ALCULATION	115	110	215	55	Extension for reply within	first month		
1. BASIC	FILING F	EE			116	380	216	190	Extension for reply within month	second		
	-4:4-	e mall	Entity		117	870	217	435	Extension for reply within	third month		
	Fee F		Fee (\$)	Fee Description Fee Paid	118	1,360	218	680	Extension for reply within	fourth month		
		201	345	Utility filing fee 690.00	128	1,850	228	925	Extension for reply within	fifth month		
106	310	206	155	Design filing fee	119	300	219	150	Notice of Appeal			
107	480	207	240	Plant filing fee	120	300	220	150	Filing a brief in support of	f an appeal		
108	690	208	345	Reissue filing fee	121	260	221	130	Request for oral hearing			
114	150	214	75	Provisional filing fee	138	1,510	138	1,510	Petition to institute a publi proceeding	lic use		
		SUE	ВТОТА	AL (1) (\$) 690.00	140	110	240	55	Petition to revive - unavo			
2. EXTRA	CLAIM				141	1,210	241	605	Petition to revive - unintentional			
				Extra Fee from Claims below Fee Paid	142	1,210	242	605	Utility issue fee (or reissu	ıe)		
Total Claim	ns 10	01 -	20**= [	81 X 18 = 1458.00	143	430	243	215	Design issue fee			
Independe	nt	10 -	3**=	7 X 78 = 546.00	144	580	244	290	Plant issue fee			
Claims Multiple De	ependent			-0- = -0-	122	130	122	130	Petitions to the Commiss	sioner		
** or num Large E			aid, if gi	reater; For Reissues, see below	123	50	123	50	Petitions related to provis applications	sional		
Fee	Fee	Fee	Fee	Fee Description	126	240	126	240	Submission of Information Statement	n Disclosure		
Code 103	( <b>\$)</b> (	Code 203	<b>(\$)</b> 9	Claims in excess of 20	581	40	581	40	Recording each patent a	cording each patent assignment per perty (times number of properties) ng a submission after final rejection		
102	78	202	39	Independent claims in excess of 3	146	690	246	345	Filing a submission after			
104	260	204	130	Multiple dependent claim, if not paid	149	390	249	345	For each additional inverse examined (37 CFR 1.129(a))	(37 CFR 1.129(a)) For each additional invention to be		
109	78	209	39	**Reissue independent claims over	Other Fee (specify)				examined (5) Of IC 1. 125(b))			
110	18	210	9	original patent  **Reissue claims in excess of 20 and over original patent	Other Fee (specify)							
subtotal (2) (\$) 2004.00			*Reduce	*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$) -0-					
SUBMITTED BY					<u> </u>				Complete (if Applicable)			
	Printed N	lame	A. De	ean Olson			-/-		Reg. Number	31,185		
Signatur			//		Date	8	3/16/	2000	Deposit Account User ID	16-1445		